

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591812

FILING DATE

10 MAY 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
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44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	56	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52	/	/				
53	/	/				
54	/	/				
55	/	/				
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57	/	/				
58	/	/	/			
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			18			